

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008674  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1987

FILED MAR 14 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN **ST LOUIS**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

MO.

c. CITY

OR TOWN

**ST Louis**

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

**5548 VERNON**

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

**5548 VERNON**

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

**HENRY**

Middle

Last

**GRAY**

4. DATE OF DEATH

Month

Day

Year

**2 20 63**

5. SEX

**MALE**

6. COLOR OR RACE

**NEGRO**

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**6-24-1896**

9. AGE (If birthday)

**8 6**

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**LABORER**

10b. KIND OF BUSINESS OR INDUSTRY

**COTTON BELT R.R.**

11. BIRTHPLACE (City and state or country)

**DURANT MISS**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**UNKNOWN**

13b. MOTHER'S MAIDEN NAME

**UNKNOWN**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**NO**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**MINNIE R. BUCHANAN 5548 VERNON**

18. CAUSE OF DEATH (Enter only one cause)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

**Atherosclerosis Heart Disease;**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Generalized Atherosclerosis.**

DUE TO (c)

**420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

**11<sup>00</sup> A**

to and last saw her alive on

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

**Paul J. Simon Deputy Coroner**

**1300 Clark**

**2/21/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

**REMOVAL**

**2-26-63**

**GREENWOOD**

**St Louis Co.**

**MO.**

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**LOUE UNDER TAKING Co. 3103 Washington**

**FEB 23 1963**

**Paul Smith, M.D.**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

90

90

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.